


Please type a plus sign (+) inside this box 

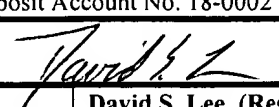
PTO/SB/05 (12/97)
Approved for use through 9/30/00. OMB 0651-0032
Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

11/22/00
JC813 U.S. PTO
- 09/117382

11/22/00

Utility Patent Application Transmittal <small>(only for nonprovisional applications under 37 CFR 1.53(b))</small>	Attorney Docket No.	FON 106	DATE	November 22, 2000
	Inventor (s): Sol GINZBURG, et al.			
	TITLE:	MOBILE MRI SYSTEM AND METHOD OF PROMOTING USE OF MRI SYSTEM		

APPLICATION ELEMENTS See MPEP chapter 600 concerning utility patent application contents.	Assistant Commissioner for Patents ADDRESS TO: Box Patent Application Washington, DC 20231				
<p>1. <input checked="" type="checkbox"/> Patent Application Fee Determination Record (Submit an original, and a duplicate for fee processing)</p> <p>2. <input checked="" type="checkbox"/> Specification [Total Pages 26] (preferred arrangement set forth below) - Descriptive title of the Invention - Cross References to Related Applications - Background of the Invention - Brief Summary of the Invention - Brief Description of the Drawings (if filed) - Detailed Description - Claim(s) - Abstract of the Disclosure</p> <p>3. <input checked="" type="checkbox"/> Drawing(s) Figures 1-4 [Total Sheets 4]</p> <p>4. Oath or Declaration [Total Sheets] <input type="checkbox"/> Newly executed (original or copy)</p>		ACCOMPANYING APPLICATION PARTS <p>8. <input type="checkbox"/> Assignment & Recordation Cover Sheet [Total pages]</p> <p>9. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 [Total Pages] [Total References]</p> <p>12. <input type="checkbox"/> Preliminary Amendment [Total Pages]</p> <p>13. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503)</p> <p>14. <input type="checkbox"/> Small Entity Statement(s) [Total Pages]</p> <p>15. <input type="checkbox"/> Certified Copy of Priority Document(s) The rights of priority are claimed under 35 U.S.C. § 119 of _____ Application No. _____ Filed _____, 2000</p> <p>16. <input type="checkbox"/> Other: _____</p>			
18. CORRESPONDENCE ADDRESS If there is no check attached, or the check is made out for an insufficient amount, please indicate any deficiency to our Deposit Account No. 18-0002 and notify us accordingly.					
 NAME David S. Lee (Reg. No. 38,222) - Rabin & Champagne, P.C. PATENT TRADEMARK OFFICE					
ADDRESS 1101 14 TH Street, N.W., Suite 500					
CITY	Washington	STATE	D.C.	ZIPCODE	20005
COUNTRY	USA	TELEPHONE	(202) 659-1915	FAX	(202) 659-1898

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box CPA, Washington, DC 20231.